BEST AVAILABLE COPY

								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOF Effective December 29, 1999									09/1	0/3	855	0	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMA TYP		ENTITY	OR	OTHER SMALL		
FC)R		NUMBE	R FILED	NUMBER	NUMBER EXTRA		E	FEE] [RATE	FEE	
ВА	SIC FEE			(A 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				345.00	OR		690.00	
то	TAL CLAIMS	·	51	minus 2	20= * 3	. 3		X\$ 9=		OR	X\$18=	558	
IND	EPENDENT CL	AIMS	minus 3 = * 8				X39=			OR	X78=	624	
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2								٩L		OR	TOTAL	1877	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMA	LL I	ENTITY	OR	OTHER SMALL		
AMENDMENT A	i O	CL REM AF	AIMS AINING TER IDMENT	<i>t</i>) s.	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		5)	Minus	5/	= -	X\$ 9)=		OR	X\$18=		
AME	Independent	*) (Minus	*** /(] = -	X39	=		OR	X78=		
	THO PHESE	OI IA I M	ON OF MI	JUIPLE DEF	PENDENT CLAIM		+130)=		OR	+260=		
							TO ADDIT. 1	TAL.		OR	TOTAL ADDIT. FEE		
	- · · · · ·		umn 1)	<i>:</i>	(Column 2)	(Column 3)	5511. 1			_			
AMENDMENT B		REM AF	AIMS AINING TER IDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 5	7/	Minus	. 51	=	X\$ 9	=		OR	X\$18=		
	Independent	* /	NI OE MI	Minus	PENDENT CLAIM	1=	X39	=		OR	X78=	\	
	rino i Priest	NIAHC	N OF M	7211715 DEF	LINDEN FOLAIN	VI -	+130)=		OR	+260=		
							TO ADDIT. F	TAL		OR	TOTAL ADDIT. FEE		
			umn 1)		(Column 2)	(Column 3)				-		7	
AMENDMENT C		REM.	AIMS AINING TER IDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**	=	X\$ 9	= -		OR	X\$18=		
4ME	Independent	*		Minus	***	=	X39=	=		OR	X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							=			1260		
• 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+260= TOTAL		
***	If the "Highest Nur If the "Highest Nu	mber Pre	viously Pa	aid For" IN THIS	S SPACE is less th S SPACE is less th	an 20, enter "20." an 3, enter "3."	ADDIT. F	EE			ADDIT. FEE	L	
•	The "Highest Num	nber Prev	iously Pai	d For" (Total or	Independent) is th	ie highest number fo	ound in the	e app	propriate box	k in col	umn 1.		